

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006312

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 147Primary Registration District No. 1002Registrar's No. 7523

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas CityLength of stay in 1b
37 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Baptist Memorial Hosp.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE Missouri b. COUNTY Jacksonc. CITY OR TOWN Kansas City Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
2610 E. 70th Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
ByronMiddle
E.Last
Bedell

4. DATE OF DEATH

Month
Feb.Day
4Year
19635. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
12-30-18789. AGE (last birthday)
8410. IF UNDER 1 YEAR
Months Days Hours Min.11. IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cigar Stand10b. KIND OF BUSINESS OR INDUSTRY
Retail cigar store11. BIRTHPLACE (City and state or country)
Bloomington, Ill.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George A. Bedell

13b. MOTHER'S MAIDEN NAME

Maranda Bingham

14. NAME OF HUSBAND OR WIFE

Bessie M. Bedell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Roscoe Bedell, 7219 Askew, K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Left cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

11 days

DUE TO (b)

Right sided hemiplegia

DUE TO (c)

Atherosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-25-63 to 2-4-63 and last saw ^{her} him alive on 2-4-63
Death occurred at 11:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Burial
Floral Hills Funeral Home
Blue Ridge & Gregory

2-6-1963

Floral Hills

Kansas City, Missouri

2-5-63

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF
H. R. Lyndon, M.D.
MEDICAL CERTIFICATION

ITEM NO.

VS 300
Rev. 4/59

3

4 0

5 2

6

7 1

8 2

9 332X

10

11

12 50-0

13

1:30-4:30
10-12
The 4-6428
154 Street
Rm. 4
R. P. Dyllan

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. M. Joiner

Licensed Embalmer No. 3453

P. O. Address H. C. Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.